

Nov Essay

Passed March 17<sup>th</sup>  
1825

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Puerperal Fever

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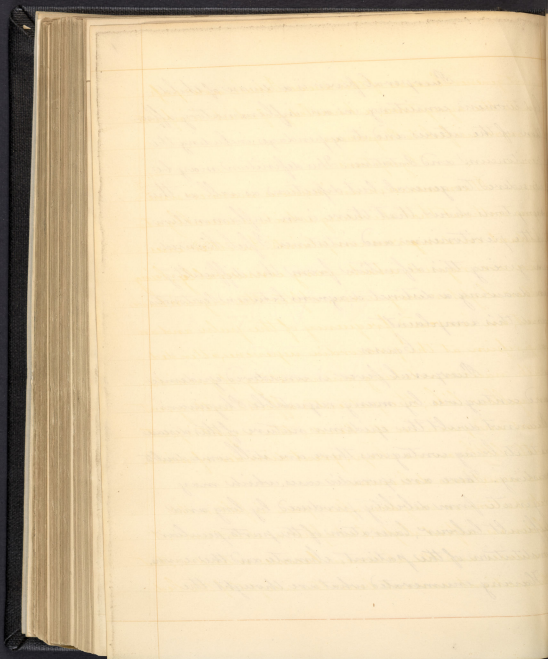
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Puerperal fever is a disease of child-bed women, consisting in an inflammatory affection of the uterus and its appendages, including the peritoneum and intestines. This definition may be considered too general, but dissections as well as the symptoms show, that there is an inflammation of the peritoneum, and intestines. I feel licensed in giving this definition from the difficulty in drawing a distinct diagnosis between Peritonitis and this complaint

#### Causes

Puerperal fever is considered epidemic and contagious by many respectable Physicians. I cannot doubt the epidemic nature of this disease, as to its being contagious there are still some doubts existing. There are sporadic cases, which may originate from debility produced by long and difficult labour, laceration of the parts, peculiar constitution of the patient, climate and the season.

Having enumerated what are thought the





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most general causes of this disease. I shall now pass on to the symptoms, a knowledge of which, is infinite ly more useful to Physicians

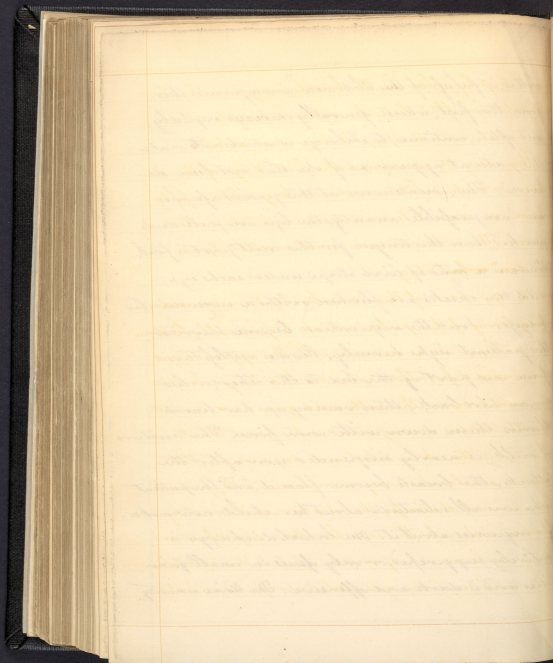
### Symptoms

It commences in an insidious manner sometimes without that shivering which is usually attendant on dangerous complaints. In other cases, there are rigours, which vary considerably; being either slight or very severe. After the rigours have past, an increased frequency of the pulse and an oppression at the præcordia supervene, attended with nausea, retching, and vomiting of greenish, or yellow bile; the patient is affected with great thirst and pain in the head; the night is past with little or no sleep, great disorder of mind, and sometimes delirium.

At this time or very soon after, pain is felt in the abdomen at first slight, but after a short time, it increases and the abdomen becomes so tender, that the patient cannot bear the weight of the bed



clothes, a fulness of the abdomen accompanies this from the first, which generally increases rapidly, and often continues to enlarge so much, as to make the patient appear, as if she had not been delivered. The countenance at this period assumes an inexpressible anxiety, the lips are pale and parched, and the tongue for the most part is fixed. There is a kind of livid stripe under each eye, and the cheeks are flushed, with a circumscribed redness. Now the respiration becomes hurried, the patient sighs heavily, becomes restless, turns from one part of the bed to the other, or lies upon her back; then raising up her hands throws them down with some force. The secretion of milk, is nearly suspended soon after the attack, the breasts become flaccid, and the patient who was all solicitude about her child, now makes no inquiries about it. The lochial discharge is entirely suppressed, or only issues in small quantities and is dark, and offensive. The urine is scanty



and highly coloured, the bowels are generally constipated and flatulent, the eyes are brighter than natural, and the pupils somewhat dilated.

This may be considered the first stage of the disease, which seldom continues longer than fifty hours; in some it terminates in a much shorter period. When this disease is not arrested, it passes into the ~~second~~ <sup>second</sup> ~~last~~ stage.

The approach of this is marked by an increased frequency of the pulse, which is generally between 100 and 140 in a minute. All the appearances of a rapid disposition come on, the tongue becomes dry, and brown, the teeth and gums, are encrusted with sordes, accompanied with great thirst.

Sometimes the skin is hot and dry, and at others, there is a cold, clammy sweat on it. The patient complains of ~~thellporeps~~ <sup>thellporeps</sup>, the cheeks are alternately flushed and pale, the eyes lose their expression, and the pupils are very much dilated. The countenance is indicative of the greatest distress and anxiety.



the pain in the abdomen ceases, the patient becomes restless and a vomiting of a coffee colored fluid; hicoughs, delirium, and convulsions of dyspnoea supervene, which terminate with the life of the unfortunate patient.

This complaint comes on from one to six days after delivery, and if not checked, will run its course in five days, and often in a much shorter time.

### Diagnosis

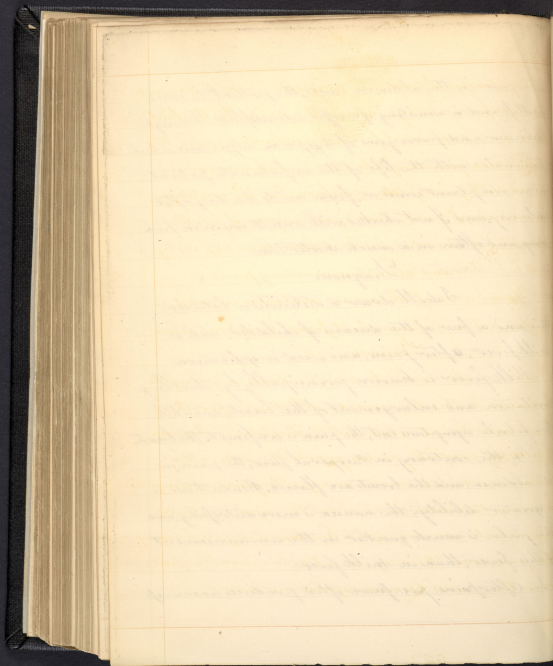
I shall draw a distinction between this and a few of the diseases of child bed, such as milk fever, after pains, and weed or ephemera.

Milk fever is known principally by throbbing irritation and enlargement of the breasts, and while the febrile symptoms last, the pain is confined to the breasts.

On the contrary in Puerperal fever, the pain is in the abdomen, and the breasts are flaccid. Besides there is a greater debility, the nausea is more distressing, and the pulse is much quicker in the commencement of this fever, than in milk fever.

In after pains pure fever often produces uneasiness





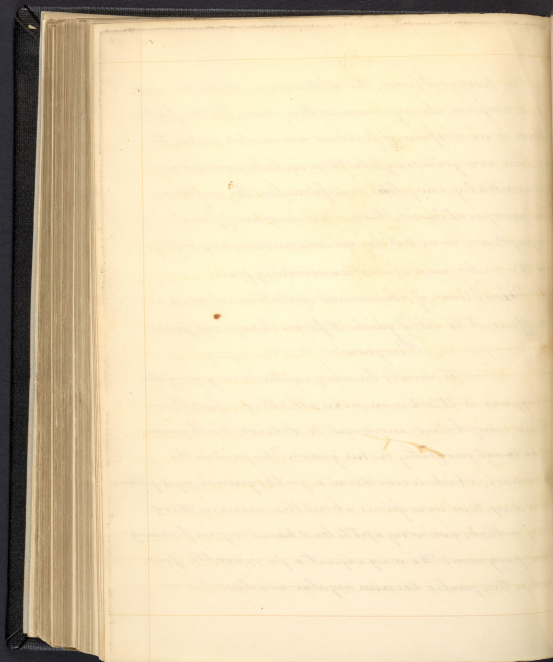


but in puerperal fever, the abdomen is sore to the touch, and pressure always increases the pain. In the first there is no accession of fever or accelerated pulse, the pains are grinding, like those in labour and are succeeded by complete remission. On the contrary, in puerperal fever, there is an increase of febrile symptoms, marked by an uncommon rapidity of the pulse and almost unremitting pain.

The absence of abdominal irritation in weed, is sufficient to distinguish it from puerperal fever.

### Prognosis

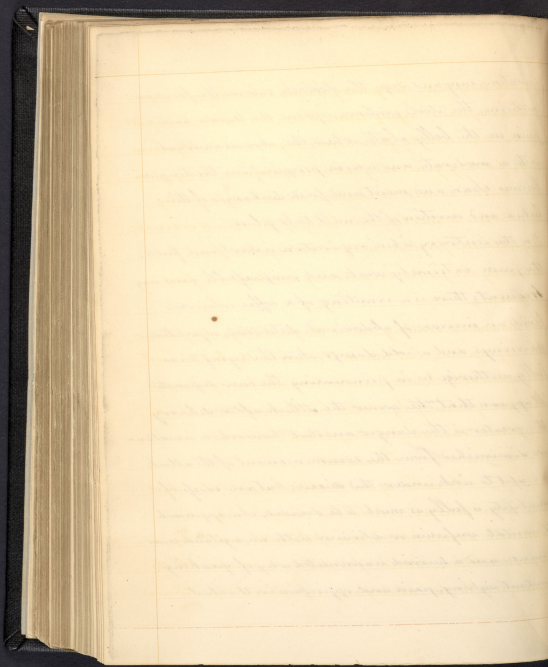
We should be very cautious in giving the prognosis in this disease, as in all others; for there is no complaint more apt to deceive the physician, if he is not perfectly on his guard. The pain in the abdomen, which is considered a pathognomic symptom, has deceptive remissions, about the second or third day, which are very apt to lead him astray, in forming the prognosis. We may expect a favourable issue, when the pulse becomes regular and slow, the res-



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piration easy and deep, the stomach retains the food and medicine, the stools continue copious, the tension and pain in the belly abate, when the skin is moistened with a moderate and warm perspiration, the tongue becomes clean and moist and fresh discharges of the lochia and secretion of the milk take place.

On the contrary when respiration is short and feeble, the pulse extremely weak and compressible and very frequent; there is a vomiting of a coffee coloured fluid an increase of abdominal distention, repeated shiverings and a cold damp skin the symptoms fully authorize us in pronouncing the case desperate.

It appears that the sooner the attack after delivery the greater is the danger and that those whose sensations are diminished from the commencement of the attack are apt to sink under this disease; but an excess of sensibility is fully as much to be dreaded. An approach to mental confusion or delirium with an agitated countenance and a hurried unconnected way of speaking, constant sighing, pain and oppression in the chest

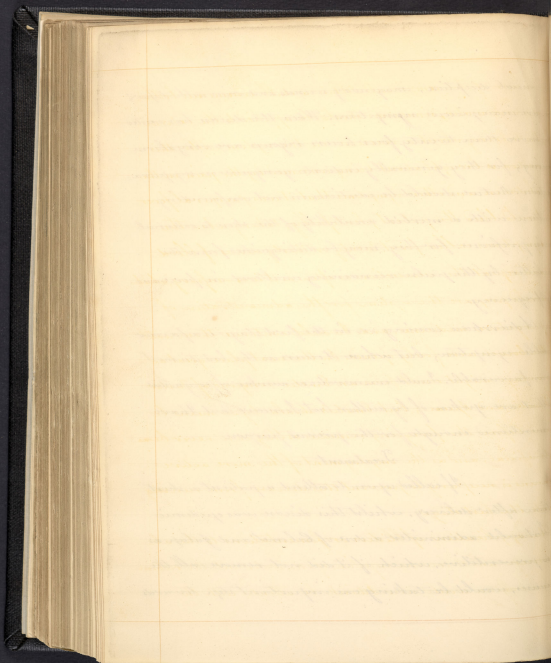


visual deception, imaginary sounds and voices with stupor;  
are inauspicious symptoms. When this disease has existed  
more than twenty four hours rigour is very alarm-  
ing; for they generally indicate gangrene or suppu-  
ration. But we should be cautious in not confounding  
them with a morbid sensibility of the skin to external  
impressions: for they may be distinguished from the  
latter by the pulse remaining unaltered in force and  
frequency.

A diarrhoea coming on in the first stage is a favour-  
able symptom, but when it occurs in the last it is most  
unfavourable. I could enumerate a number of prognostics  
that are spoken of by authors but I conceive that I have  
mentioned enough for the present purpose.

#### Treatment

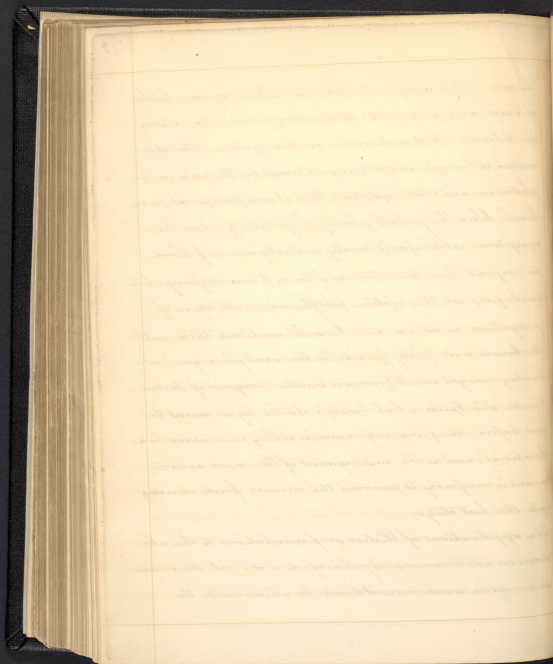
If called upon to attend a patient a short  
time after delivery, whilst this disease was epidemic  
I should administer a dose of Calomel and Jalap as  
a preventive, which if it did not remove all the  
causes, would be taking one important step towards



the cure of this complaint. When a chill commences bottles of warm water, sinapisms should be applied to the extremities to bring about a reaction in the system. After this reaction is brought about being convinced by the pain in the abdomen and other symptoms that it was puerperal fever I would bleed the patient plentifully, taking when the symptoms called for it twenty or thirty ounces of blood and repeat the venisection as often as it was necessary, which would prepare the system for the administration of purgative medicines, and I would continue them until the bowels were freely opened. In the next place great advantage might result from an Emetic composed of Tartar Emetic and Spices; but Emetics should by no means be used before the foregoing remedies as they can never be as beneficial, and as the employment of the more active means is necessary to prevent this disease from running into the last stage.

The applications of blisters or fomentations to the abdomen and throwing injections of cold water into the rectum and vagina would now I think be attended with the







happiest effect; and pursuing in the antiphlogistic regimen and depleting plan in the first stage, we may generally effect a cure of this disease in four or five days

If these means should not remove the disease, and it ran into the last stage, purgatives and stimulants should be used not with a hope of stopping its course, but with a view of relieving the distressing situation of the patient. For the mischief which is done to the contents of the cavity of the abdomen by the ravages of this complaint renders it almost incurable. Although there is a probability of the effused morbid fluid being carried off by purgatives; at the time there are used, stimulants should be given to support the strength of the patient. Of these I would administer Opium as it is better calculated to relieve irritation and support the system under the operation of purgatives. In the next place Spirits of Turpentine, Volatile alkali, Musk or any other Stimulant may be given

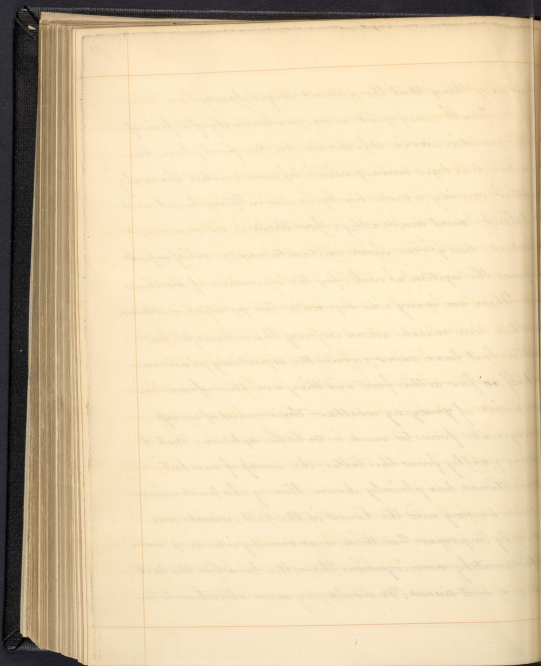
At this time the diet should be very stimulating, consisting of wine, beef & chicken soup highly seasoned

The first of these is the fact that the  
 population of the country has increased  
 rapidly since the year 1800. This  
 has been due to a number of causes,  
 the most important of which are the  
 discovery of gold in California, the  
 invention of the steam engine, and the  
 discovery of the electric telegraph.  
 These three discoveries have all  
 contributed to the rapid increase in  
 the population of the country. The  
 discovery of gold in California has  
 attracted a large number of people  
 to the country, and the invention of  
 the steam engine has made it possible  
 for a large number of people to travel  
 across the country. The discovery of  
 the electric telegraph has also  
 contributed to the rapid increase in  
 the population of the country.

or any thing that the patient might fancy X

I shall now speak more particularly of a few of the remedies used in this disease. In the first place, Veni-  
section has been more praised by some writers than any other remedy which has been used in <sup>this</sup> complaint and I think most deservedly; for there is no remedy which has given more instantaneous relief or re-  
pairs the system so well, for the operation of medicines

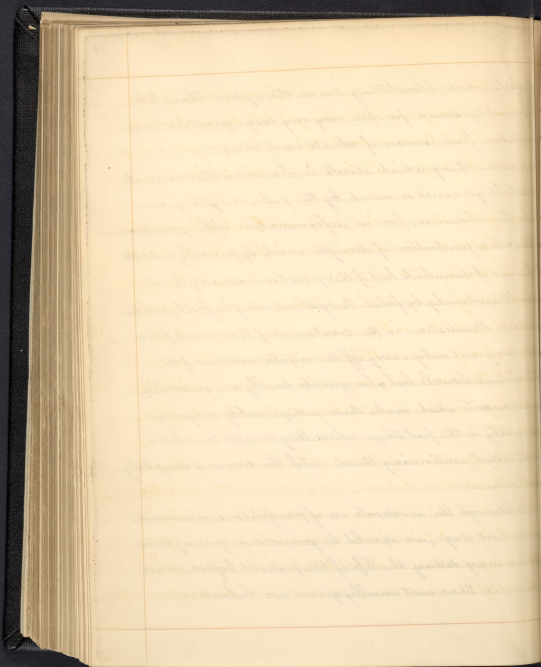
There are many who depreciate this practice and think it has done much more injury than benefit, but their last have never carried the depleting plan, one half so far as the first and they are therefore in-  
capable of judging whether their want of success originated from too much or too little depletion. That it arose partly from the latter, the success of our best  
Practitioners has plainly shown. It may also have arisen from having used the lancet in the last, which was highly improper. For there is no remedy which is un-  
fortunately more injurious than the lancet in the last stage of most diseases. We should pay more attention to the



effects which bloodletting has on the system than to the quantity drawn for often very very large quantities may be taken from women of delicate constitutions

Another thing which should be observed is that we should not be governed so much by the pulse as by the pain in the abdomen, for in inflammation of the peritonaeum there is a prostration of strength which apparently indicates the use of stimulents but if this practice were adopted it would certainly be fatal. Purgatives may be justly ranked next to Venisection in the treatment of Puerperal fever for they not only carry off the vitiated secretions of the Liver and bowels but also operate locally and generally as evacnants which make them indispensably necessary, especially in the first stage, where they should be used to a great extent; continuing them until the disease is completely removed

Although the moderate use of purgatives is recommended in the last stage, we should be guarded in giving them for we may destroy the life of the patient before we are aware of it. Those most usually given are Calomel and



jalap, castor oil, and the compound infusion of senna. Of these calomel and jalap combined is thought to be the most certain evacuant but I have no doubt that any other purgative would answer the purpose, if liberal Venisection has been pre-  
mised

Among the stimulants, Opium and Spirits of Turpentine stand highest. Opium is thought to be useful in the first stage of this complaint to allay irritation and support the system whilst using purgatives, but I think it should never be given until the inflammatory symptoms abate or are entirely removed. It then may be used with decided benefit. We should also give it in the last stage to relieve the sufferings and distress and to keep up the strength of the patient

As the operation of Spirits of Turpentine is not perfectly understood, I should not give it in the first stage although it has been recommended. But as a remedy in the last stage, I think from a stimulating and purgative effect being combined, it should be held in the highest esteem. It is thought to have been prescribed with decided advantage.



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in peritonitis in a state of inflammation approaching  
gangrene, if so, it is probable good effects may result from  
its administration in puerperal fever

I have thought it unnecessary to mention the names  
of the authors, (in my Thesis) from whom these opinions  
were taken, those to whom I am chiefly indebted are  
Dr Armstrong and Hay

